Defense Health Agency
Uniform Business Office

UBO Metrics Report Review

Presented by
DHA UBO Program Office Contract Support

21 May 2014 0800 – 0900 EDT
22 May 2014 1400 – 1500 EDT

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Agenda

- UBO Metrics Report
- Data Elements Reported
- Website interface
- Entering and validating data
- Reviewing Past Metrics data
- Quarterly Metrics Report

What is the UBO Metrics Report

- The Third Party Collections Program collects payment due for medical services provided to MHS beneficiaries who also carry other health insurance pursuant to 10 USC 1095
- Each MTF must make a quarterly report to the DHA UBO about its TPCP collections activity, this report is known as DD Form 2570 (DD2570)
- The quarterly reports use year-to-date cumulative data for the current fiscal year
- The UBO Metrics Report is a web-based report that is used to electronically report and validate DD2570 data
- UBO Metrics Report data is used for monitoring performance, tracking trends over time, and setting TPCP goals
- TPOCS and CHCS can output the DD2570 data for Outpatient and Inpatient encounter data
- When Armed Forces Billing and Collections Utilization Solution (ABACUS) becomes the billing system, it will also have the capability to output DD2570 data

Getting Access to UBO Metrics Report

- Users who enter DD2570 data into the UBO Metrics Report website need to have approved user accounts in order to access the site
- Accounts can only be created by request of a Service or National Capitol Region Medical Directorate (NCR MD) manager or a Regional representative
- To get access, contact your Service or NCR MD representative for Metrics Report access with the following information
  - Required information:
    - Full name of individual requesting access
    - Commercial telephone number
    - Valid “.mil” e-mail address
    - Duty title
    - Facility
    - DMIS ID

User Responsibilities

- MTF UBO staff are responsible for collecting and reporting TPCP metrics data quarterly
- Each MTF must have a primary responsible staff person and at least one alternate
- Responsibilities vary for different types of users:
  - MTF-level Users - Data Entry
  - Regional Users - Data Validation
  - Service and NCR MD UBO Managers - Data Validation
- Reports must be validated by either the Regional representative or the Service/NCR MD UBO Manager in order to be considered complete. It is possible for both to validate a report but that is not required.
- You need to know what level of user you are in order to understand your duties and responsibilities
- If you believe that you have been assigned the wrong user level you can contact the UBO.Helpdesk@altarum.org for assistance

User Responsibilities

- Different parts of this presentation apply to different users, but a familiarity with the entire process is beneficial to everyone
- MTF-level Users (slides 9-19)
  - Only have access to reports from one MTF
  - Must retrieve data from TPOCS/CHCS
  - Responsible for accurately entering data into UBO Metrics Report Website
- Regional-level Users (slides 20-24)
  - Have access to reports from all MTFs in assigned region
  - Can review this data once it is submitted and can validate data
- Service and NCR MD-level Users (slides 20-24)
  - Have access to reports from all MTFs in their service area (or NCR MD)
  - Can review this data once it is submitted and can validate data

Sequence of Events

1. MTF users run reports on the first working day after the end of each quarter
2. DD2570 data from TPOCS and CHCS is entered into the UBO Metrics Report Web site
3. The Web site checks data and generates error messages requiring correction
4. Regional and Service or NCR MD Managers review and validate MTF data
5. The validated reports are locked until the final collections report is approved by the DHA UBO Program Office. Once approved, the reports are available in read-only format
6. Quarterly Metrics data for the entire MHS is compiled into Microsoft Excel documents and posted to the UBO website

- The following Data Elements are reported on the DD2570 form
  - Number of Inpatient Dispositions/Outpatient Visits
  - Number of claims
  - Number of collections
  - Dollar amount billed
  - Dollar amount collected
  - Dollar amount of adjustments and refunds
  - Dollar amount remaining uncollected

Where to Get the Data

- Outpatient Data
  - TPOCS DD Form 2570 (TPCP Program Results)
- Inpatient data
  - CHCS DD Form 2570 (TPCP Program Results)
- When ABACUS is implemented it will also provide DD Form 2570 output
- Refer to the archived DHA UBO Webinar "How to Pull DD2570 Data and Combine for Accuracy and What it Means" for detailed instructions and screenshots showing how to obtain DD2570 data from CHCS and TPOCS
  - Webinar is posted at http://www.tricare.mil/ocfo/mcfs/ubo/learning_center/training.cfm
- When ABABUS is implemented additional instructions will be provided showing how to obtain DD2570 data from that system

Outpatient

For Official Use Only

Third Party Collection Program
Report on Program Results (DD FORM 2570)

Segment Reported:
OUTPATIENT

Report Date:
01/26/2011

Quarter Beginning: 10/01/1991
Quarter Ending: 03/31/2011

Reporting MTF: E / ELE
ALL SITES

Part I

Description	Reporting Period			
	Fiscal Year	Previous Year 1	Previous Year 2	Previous Year 3
NO. OF CLAIMS	3021	13727	12633	13247
NO. OF COLLECTIONS	865	6668	6563	6886
TOTAL $ AMOUNT BILLED/CHARGED	$372,668.53	$1,775,849.04	$2,194,117.25	$1,934,510.58
ADJUSTMENTS AND REFUNDS	$104,999.52	$808,670.09	$1,353,166.02	$1,194,861.46
AMOUNT COLLECTED PY 3	$0.00	$0.00	$0.00	$468,865.63
AMOUNT COLLECTED PY 2	$0.00	$0.00	$429,784.81	$196,504.20
AMOUNT COLLECTED PY 1	$0.00	$549,139.94	$301,830.16	$24,005.38
AMOUNT COLLECTED CURRENT FY	$94,856.37	$115,041.95	$21,298.44	$748.69
AMOUNT REMAINING UNCOLLECTED	$172,812.64	$302,997.06	$88,037.82	$49,525.22

Inpatient

THIRD PARTY COLLECTION PROGRAM - REPORT ON PROGRAM RESULTS

REPORT CONTROL SYMBOL: DD-HA(Q) 1854 Date/Time 07 Jan 2011@1159

1. QUARTER ENDING: Sep 2010
2. REPORTING MEDICAL TREATMENT FACILITY (MTF):
3. DEFENSE MEDICAL INFORMATION SYSTEM (DMIS) ID

PART I

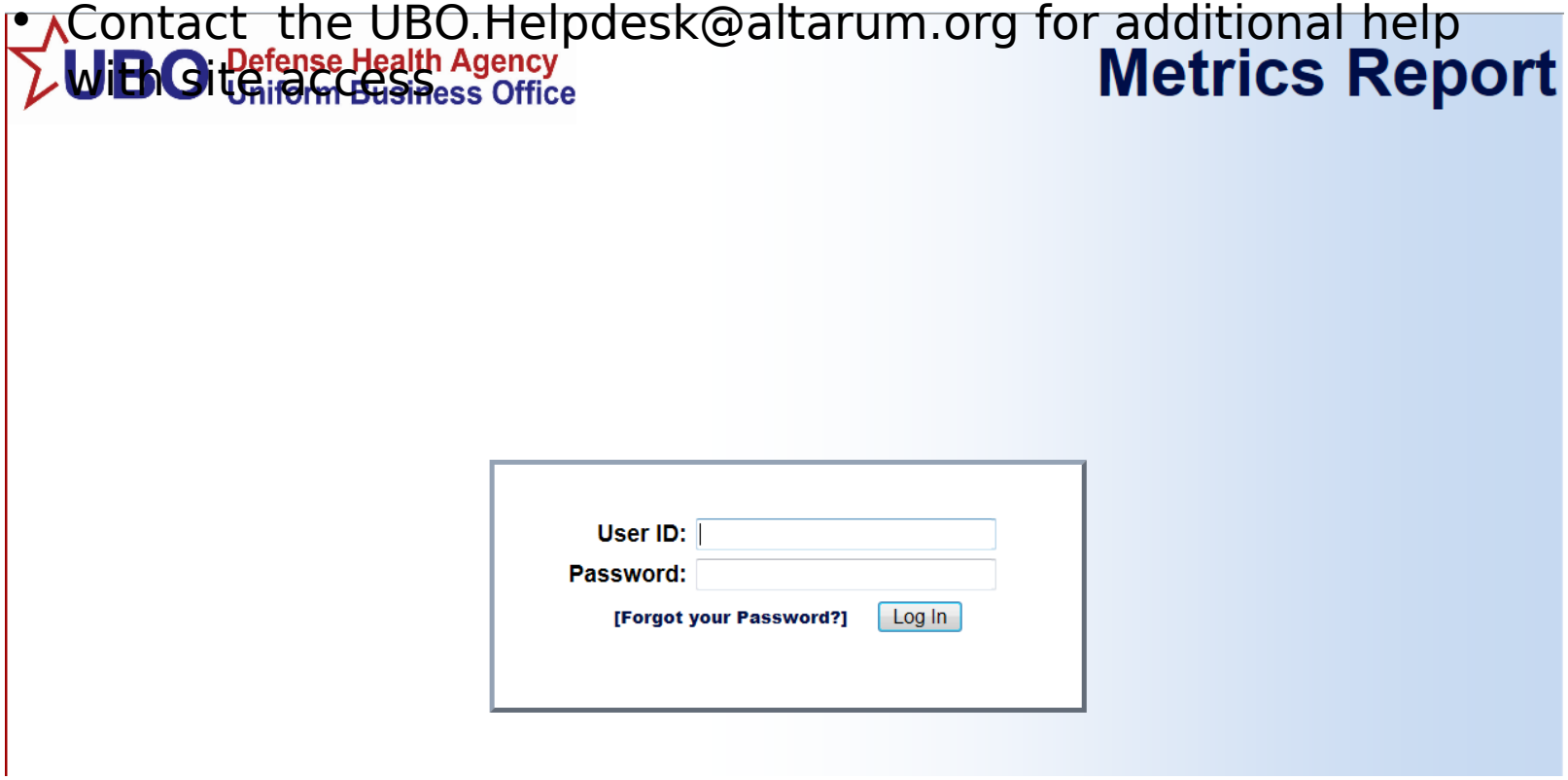
4. REPORTING PERIOD

(1) FISCAL YR	(2) NO. OF NON-ACTIVE DUTY INPATIENT DISP/VISITS	(3) NO. OF CLAIMS	(4) NO. OF COLLECTIONS	(5) NO. OF CLAIMS DIVIDED BY DISP/VISITS (%)	(6) TOTAL $ AMOUNT BILLED/ CHARGES
CURRENT FY: 2010	11805	533	328	4.52 %	11103262.33
PY-1: 2009	12418	545	431	4.39 %	10188361.78
PY-2: 2008	12603	531	381	4.21 %	11552318.90

	(7) $ ADJUSTMENTS AND REFUNDS	(8) $ AMOUNT COLLECTED PY-2	(9) $ AMOUNT COLLECTED PY-1	(10) $ AMOUNT COLLECTED CURRENT FY	(11) $ AMOUNT REMAINING UNCOLLECTED (6)-(7+8+9+10)
CURRENT FY: 2010	3911464.92	NO ENTRY	NO ENTRY	4479308.88	2712488.53
PY-1: 2009	2696350.12	NO ENTRY	3410135.95	3803298.32	278577.39
PY-2: 2008	5734495.68	2938941.90	1011645.29	1294184.46	573051.57

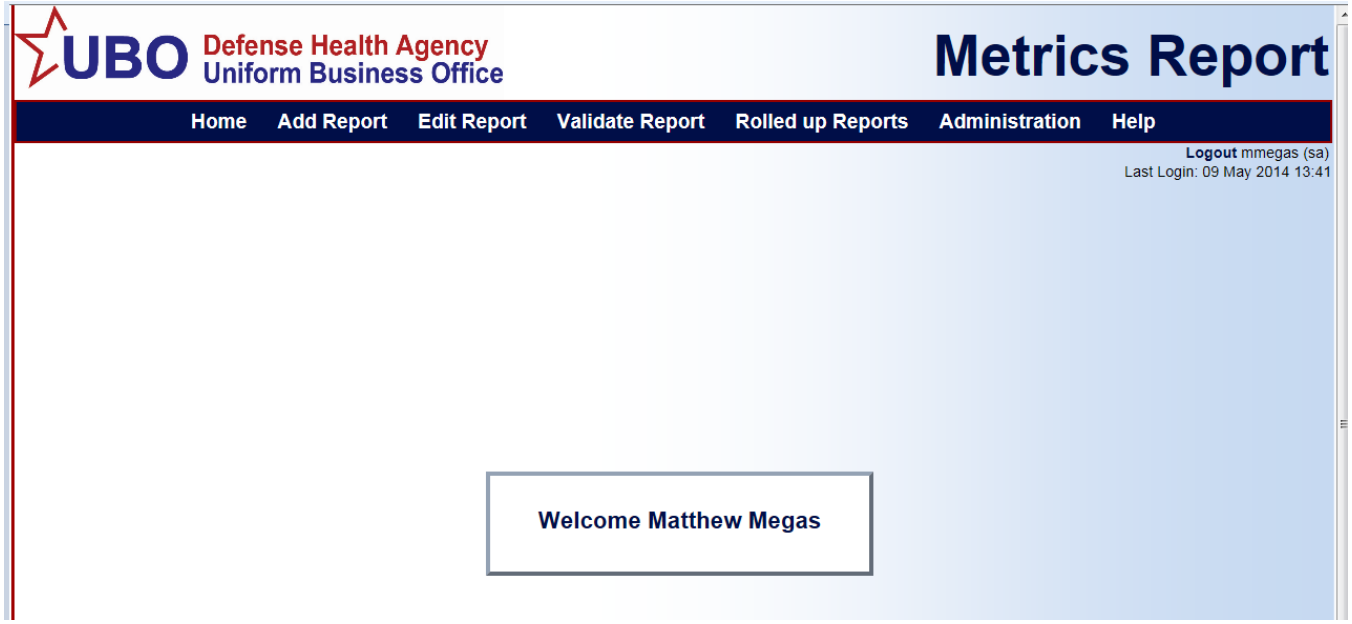
UBO Metrics Website

- Once you are ready to enter your data, access the UBO Metrics Report Website at https://ubometrics.org/
- Enter Username and Password to access the site
- If a user forgets his/her password, it can by reset by clicking on the “Forgot Your Password?” link below the password field
- Contact the UBO.Helpdesk@altarum.org for additional help with site access



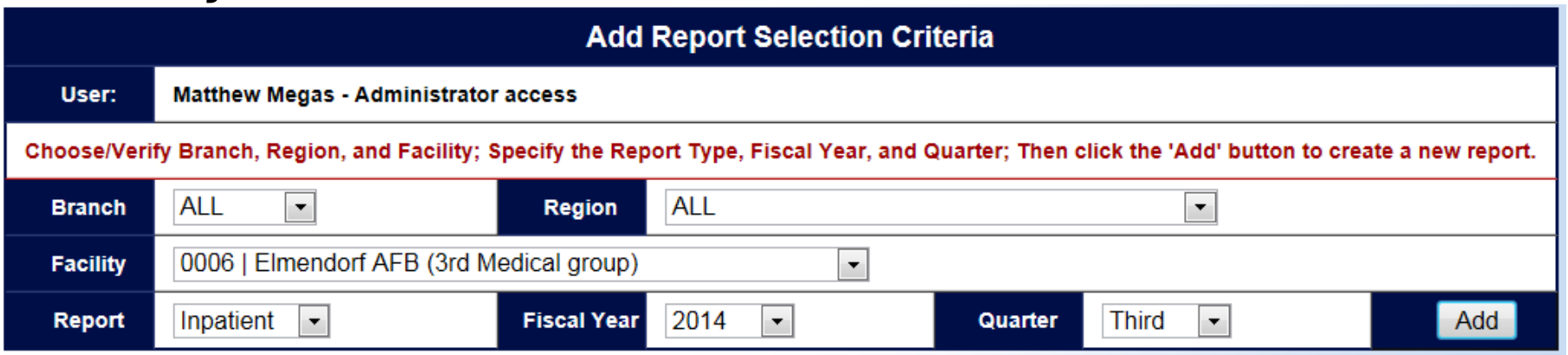
Using the UBO Metrics Report Website

- After logging in to the UBO Metrics Report you are given a welcome screen with menu options
- Use the menu options at the top of the screen to navigate to the appropriate section
- Return to this home screen at any time by clicking "Home" on the top menu



Add Report

- Select “Add Report” from the menu bar at the top of the screen to enter new quarterly data
- If you have already started entering data and need to finish it, click on “Edit Report” instead
- You must select your MTF from the “Facility” dropdown menu
- Each user will only be able to enter data for their own facility



Add Report (continued)

- After selecting your MTF from the “Facility” Menu select the appropriate Report Type (Inpatient or Outpatient), Fiscal Year, and Quarter
- Click on “Add” in order to create the report and start entering data

Add Report Selection Criteria

User:	Matthew Megas - Administrator access					
Choose/Verify Branch, Region, and Facility; Specify the Report Type, Fiscal Year, and Quarter; Then click the 'Add' button to create a new report.						
Branch	ALL	Region	ALL			
Facility	0006 | Elmendorf AFB (3rd Medical group)					
Report	Inpatient	Fiscal Year	2014	Quarter	Third	Add

- If a report already exists for the same time period, facility, and report type you will be given a warning message and you will not be allowed to add a duplicate v

Selected report already been created.

Select 'View Report' button to view selected report. View Report

Add Report (continued)

- After clicking on “Add” you will be given a screen with a summary of your basic information and a series of boxes to enter your DD2570 data

Report View

User:	Matthew Megas - Administrator access				
Current Step - Summary Section					
Branch	Air Force	Region	Pacific		
Facility	0006 | Elmendorf AFB (3rd Medical group)				
Report	Inpatient	Fiscal Year	2014	Quarter	Third

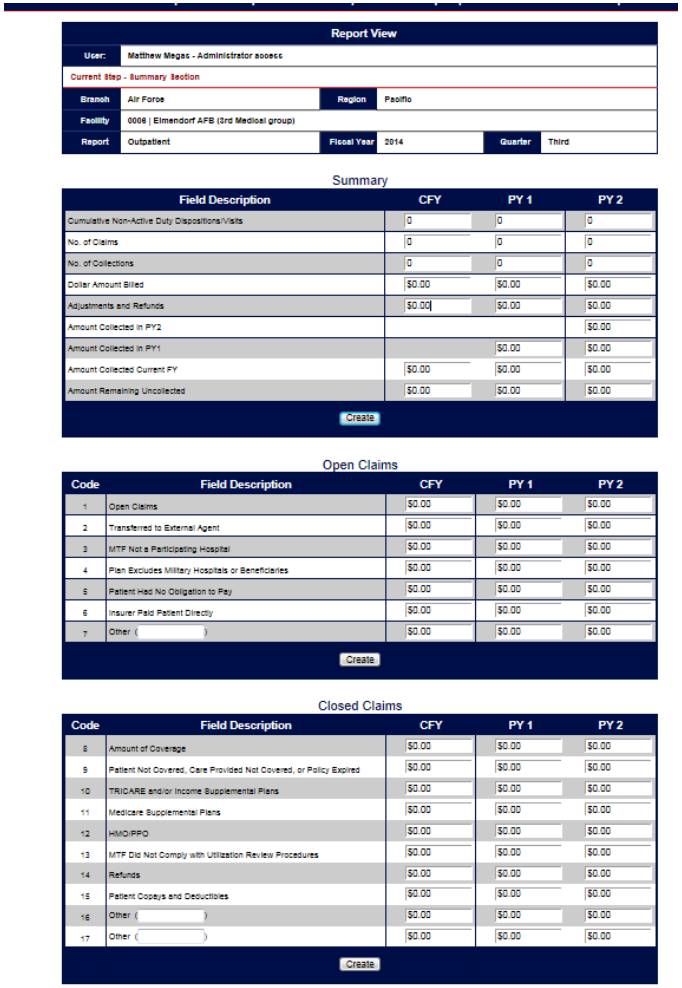
Summary

Field Description	CFY	PY 1	PY 2
Cumulative Non-Active Duty Dispositions/Visits	0	0	0
No. of Claims	0	0	0
No. of Collections	0	0	0
Dollar Amount Billed	$0.00	$0.00	$0.00
Adjustments and Refunds	$0.00	$0.00	$0.00
Amount Collected in PY2			$0.00
Amount Collected in PY1		$0.00	$0.00
Amount Collected Current FY	$0.00	$0.00	$0.00
Amount Remaining Uncollected	$0.00	$0.00	$0.00

Create

DD2570 Data Entry

- The data entry screen consists of three sections: Summary, Open Claims and Closed Claims
- The user enters the data output form TPOCS (outpatient) or CHCS (inpatient) for the current quarter as well as the same quarter in the two prior fiscal years
- After completing a section, click on the “Create” button to save your work
- You can still make changes after this, the report is only locked after it has been validated
- If you need to return to a report, use the “Edit Report” option in the top menu



Report View

User:	Matthew Megas - Administrator access				
Current Step - Summary Section					
Branch	Air Force	Region	Pacific		
Facility	0006 | Elmendorf AFB (3rd Medical group)				
Report	Outpatient	Fiscal Year	2014	Quarter	Third

Summary

Field Description	CFY	PY 1	PY 2
Cumulative Non-Active Duty Dispositions/Visits	0	0	0
No. of Claims	0	0	0
No. of Collections	0	0	0
Dollar Amount Billed	$0.00	$0.00	$0.00
Adjustments and Refunds	$0.00	$0.00	$0.00
Amount Collected in PY2			$0.00
Amount Collected in PY1		$0.00	$0.00
Amount Collected Current FY	$0.00	$0.00	$0.00
Amount Remaining Uncollected	$0.00	$0.00	$0.00

Create

Open Claims

Code	Field Description	CFY	PY 1	PY 2
1	Open Claims	$0.00	$0.00	$0.00
2	Transferred to External Agent	$0.00	$0.00	$0.00
3	MTF Not a Participating Hospital	$0.00	$0.00	$0.00
4	Plan Excludes Military Hospitals or Beneficiaries	$0.00	$0.00	$0.00
5	Patient Had No Obligation to Pay	$0.00	$0.00	$0.00
6	Insurer Paid Patient Directly	$0.00	$0.00	$0.00
7	Other ( )	$0.00	$0.00	$0.00

Create

Closed Claims

Code	Field Description	CFY	PY 1	PY 2
8	Amount of Coverage	$0.00	$0.00	$0.00
9	Patient Not Covered, Care Provided Not Covered, or Policy Expired	$0.00	$0.00	$0.00
10	TRICARE and/or Income Supplemental Plans	$0.00	$0.00	$0.00
11	Medicare Supplemental Plans	$0.00	$0.00	$0.00
12	HMO/PPO	$0.00	$0.00	$0.00
13	MTF Did Not Comply with Utilization Review Procedures	$0.00	$0.00	$0.00
14	Refunds	$0.00	$0.00	$0.00
15	Patient Copays and Deductibles	$0.00	$0.00	$0.00
16	Other ( )	$0.00	$0.00	$0.00
17	Other ( )	$0.00	$0.00	$0.00

Create

DD2570 Data Entry

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Third Party Collection Program
Report on Program Results (DD FORM 2570)

Segment Reported:
OUTPATIENT

Report Date:
01/26/2011

Quarter Beginning: 10/01/1991
Quarter Ending: 03/31/2011

Reporting E / ELE
MTF: ALL SITES

Part I

Description	Reporting Period: Fiscal Year	Previous Year 1	Previous Year 2	Previous Year 3
NO. OF CLAIMS	3021	13727	12633	13247
NO. OF COLLECTIONS	[illegible]	6668	6563	6886
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ADJUSTMENTS AND REFUNDS	$104,999.52	$808,670.09	$1,353,166.02	$1,194,861.46
AMOUNT COLLECTED PY 3	$0.00	$0.00	$0.00	$468,865.63
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AMOUNT COLLECTED PY 1	$0.00	$549,139.94	$301,830.16	$24,005.38
AMOUNT COLLECTED CURRENT FY	$94,856.37	$115,041.95	$21,298.44	$748.69
AMOUNT REMAINING UNCOLLECTED	$172,812.64	$[illegible]02,997.06	$88,037.82	$49,525.22

Field Description	CFY	PY 1	PY 2
Cumulative Non-Active Duty Dispositions/Visits	0	0	0
No. of Claims	0	0	0
No. of Collections	0	0	0
Dollar Amount Billed	$0.00	$0.00	$0.00
Adjustments and Refunds	$0.00	$0.00	$0.00

DD2570 Data Entry

- Both the Open Claims and the Closed Claims sections include extra data entry boxes for “Other” items
- There is one “Other” box for Open Claims, and two for Closed Claims, but sometimes users have more additional items to add than the number of boxes
- In this case, add up the total amounts of all of the remaining “Other” categories and enter the combined total into a single “Other” box on the website

Code	Field Description	CFY	PY 1	PY 2
8	Amount of Coverage	$0.00	$0.00	$0.00
9	Patient Not Covered, Care Provided Not Covered, or Policy Expired	$0.00	$0.00	$0.00
10	TRICARE and/or Income Supplemental Plans	$0.00	$0.00	$0.00
11	Medicare Supplemental Plans	$0.00	$0.00	$0.00
12	HMO/PPO	$0.00	$0.00	$0.00
13	MTF Did Not Comply with Utilization Review Procedures	$0.00	$0.00	$0.00
14	Refunds	$0.00	$0.00	$0.00
15	Patient Copays and Deductibles	$0.00	$0.00	$0.00
16	Other ( )	$0.00	$0.00	$0.00
17	Other ( )	$0.00	$0.00	$0.00

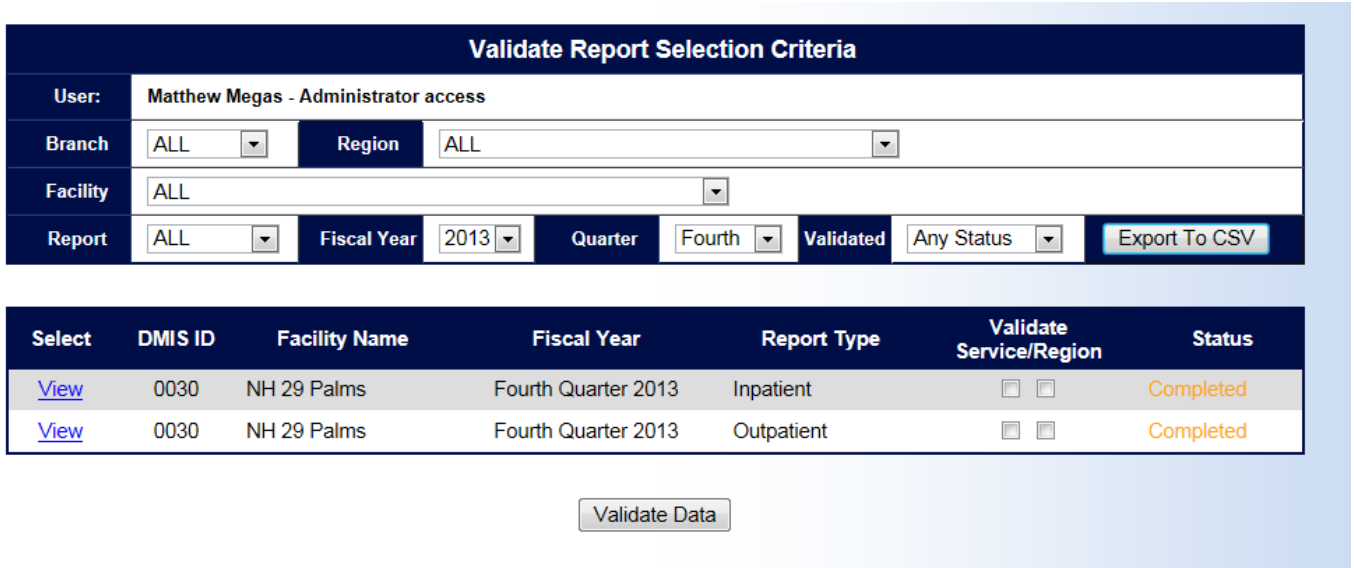
Completing Data Entry

- After entering data in each section and clicking “Create” the system will check your input for basic errors
  - For example, the values in the open “Open Claims” must add up to the same amount as the “Amount Remaining Uncollected” line in the “Summary” section
  - If there are errors in your report the UBO Metrics Report site will notify you of the specific problems before allowing your to submit your report
- Once all data has been entered and you are confident that it is correct click on “Submit”
- Once you have submitted your data, your Regional representative or Service or NCR MD representative will have the ability to review your data and to validate your report if everything is correct

Validating Reports

- If you are a Regional or Service or NCR MD level user of the UBO Metrics Report, your primary responsibility is to review and validate data reported by MTFs
- In order to review and validate reports, click on "Validate Report" on the menu bar at the top of the

- The



Validate Report Section

- When you enter the “Validate Report” section you will be shown a selection criteria section that allows you to narrow down the list of MTFs that are listed
- The selected MTFs are listed on the page along with information about the status of the report and a link to the details of each report

Validating Data

Validate Report Selection Criteria

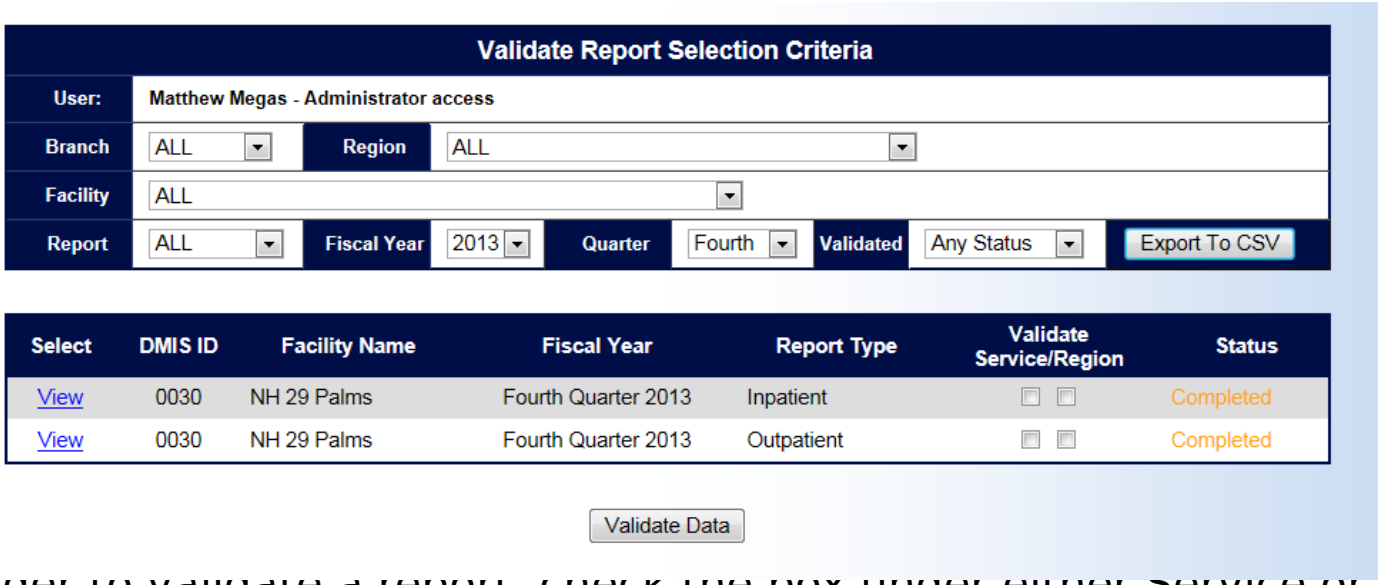
User:	Matthew Megas - Administrator access							
Branch	ALL	Region	ALL					
Facility	ALL							
Report	ALL	Fiscal Year	2013	Quarter	Fourth	Validated	Any Status	Export To CSV

Select	DMIS ID	Facility Name	Fiscal Year	Report Type	Validate Service/Region	Status
View	0030	NH 29 Palms	Fourth Quarter 2013	Inpatient		Completed
View	0030	NH 29 Palms	Fourth Quarter 2013	Outpatient		Completed

Validate Data

- If a report has been completed and submitted at the MTF level, the status will be listed as “Completed”
- Once a report is listed as Completed, the Regional or Service/NCR MD level user can review the data by clicking on “View”
- If you are reviewing a report and notice a problem, contact the staff member at the MTF who is responsible for reporting and work with them to make corrections

Validating Data

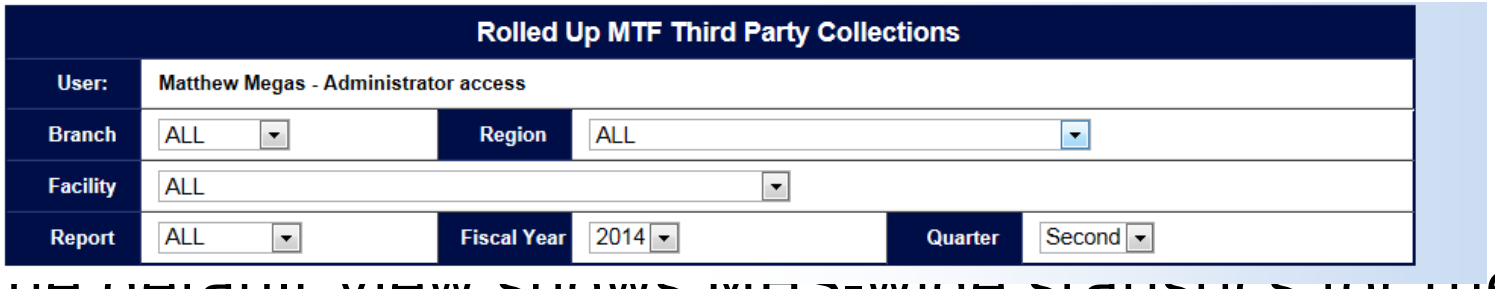


- In order to validate a report, check the box under either Service or Region (depending on whether you are a Service or NCR MD UBO manager or a regional user)
- Once you have checked the boxes for all reports that you would like to validate, click the “Validate Data” button on the bottom of the screen and the report will be validated
- The validated data from all MTFs will be compiled into a new quarterly TPCP report

Reviewing Past Metrics

- To look up data from past TPCP reports, click on “Rolled up Reports” on the menu bar at the top of the screen

- There is a criteria selection section at the top of the screen that allows you narrow down your focus and select particular past time periods for review



- The default view shows MHS-wide statistics for the most recent quarter
- Multiple reports can be viewed simultaneously by opening the UBO Metrics Report website in multiple web browser windows

Reviewing Past Metrics

- The website will output all reported metrics data for the particular MTF(s) and date range selected
- The data in these reports is locked, so it cannot be unlocked and changed without approval from your Service/NCR MD PM
- If you find an error in this validated data, contact the UBO Helpdesk for assistance

Summary

Field Description	CFY	PY 1	PY 2	Total
Cumulative Non-Active Duty Dispositions/Visits	6,581,592	13,204,005	13,478,721	33,264,318
No. of Claims	1,033,349	2,748,509	3,021,812	6,803,670
No. of Collections	289,536	1,286,950	1,581,866	3,158,352
Claims per Dispositions/Visits	15.70 %	20.82 %	22.42 %	20.45 %
Dollar Amount Billed	$130,546,949.56	$371,570,581.58	$411,517,786.60	$913,635,317.74
Adjustments and Refunds	$28,544,704.48	$168,375,731.81	$209,006,225.24	$405,926,661.53
Amount Collected in PY2	$0.00	$0.00	$113,534,684.46	$113,534,684.46
Amount Collected in PY1	$0.00	$98,145,722.80	$53,521,430.08	$151,667,152.88
Amount Collected Current FY	$26,879,459.03	$36,604,056.46	$1,911,763.49	$65,395,278.98
Amount Remaining Uncollected	$75,122,786.05	$68,445,070.51	$33,543,683.33	$177,111,539.89

Open Claims

Code	Field Description	CFY	PY 1	PY 2	Total
1	Open Claims	$75,110,271.50	$67,675,929.01	$31,808,617.31	$174,594,817.82
2	Transferred to External Agent	$0.00	$0.00	$430.40	$430.40
3	MTF Not a Participating Hospital	$0.00	$0.00	$16,126.42	$16,126.42
4	Plan Excludes Military Hospitals or Beneficiaries	$0.00	$0.00	$0.00	$0.00
5	Patient Had No Obligation to Pay	$1,472.44	$616,094.05	$1,495,226.43	$2,112,792.92
6	Insurer Paid Patient Directly	$82.15	$8,583.83	$18,779.35	$27,445.33
7	Other ()	$10,115.10	$144,463.62	$204,503.42	$359,082.14
	Total Open Claims	$75,121,941.19	$68,445,070.51	$33,543,683.33	$177,110,695.03

Closed Claims

Code	Field Description	CFY	PY 1	PY 2	Total
8	Amount of Coverage	$3,932,772.23	$27,073,778.82	$33,151,701.80	$64,158,252.85
9	Patient Not Covered, Care Provided Not Covered, or Policy Expired	$9,206,481.28	$49,024,820.40	$62,191,021.17	$120,422,322.85
10	TRICARE and/or Income Supplemental Plans	$171,593.70	$899,970.01	$793,311.41	$1,864,875.12
11	Medicare Supplemental Plans	$3,139,992.41	$18,483,322.41	$20,985,832.92	$42,609,147.74
12	HMO/PPO	$1,373,143.66	$5,647,765.99	$6,647,156.97	$13,668,066.62
13	MTF Did Not Comply with Utilization Review Procedures	$546,258.16	$3,154,029.39	$5,598,585.86	$9,298,873.41
14	Refunds	$29,847.61	$15,579.14	$32,140.26	$77,567.01
15	Patient Copays and Deductibles	$7,208,882.98	$43,783,946.51	$51,355,118.44	$102,347,947.93
16	Other ()	$1,163,275.72	$8,554,750.13	$15,108,708.60	$24,826,734.45
17	Other ()	$1,773,301.59	$11,737,769.01	$13,142,647.81	$26,653,718.41
	Total Closed Claims	$28,545,549.34	$168,375,731.81	$209,006,225.24	$405,927,506.39

UBO Metrics Report Outputs

- Once data for each MTF has been entered and validated in the UBO Metrics Report website, it is reviewed by the DHA UBO Program Office and then approved for reporting to DoD and Service/NCR MD leadership
- After approval, the data becomes available in a read-only format in the “Rolled up Reports” section of the UBO Metrics Report website
- Additionally, two quarterly reports are generated as Microsoft Excel files
  - Collections Summary
  - All Measures Report
- These reports includes MTF-level data as well as Service and NCR MD-level aggregate data
- Both reports are available for download at http://www.tricare.mil/ocfo/mcfs/ubo/performance_measure/metrics.cfm

UBO Metrics Report Outputs

FY14 TPCP Metrics Reports

The first quarter FY14 TPCP Metrics Reports are posted below. These reports are Microsoft Excel-formatted extracts from the web-based reporting system.

1st Quarter FY14 Collections Summary xlsx 559.9 KB
1st Quarter FY14 All Measures Report xls 9472.0 KB

- The quarterly Collections Summary includes MTF and Service/NCR MD-level metrics data for selected metrics that are especially relevant to understanding TPCP activity
- The report includes data for the previous 5 years during the same quarter for comparison
- This report contains less detail than the All Measures Report but it is easier to understand at a glance
- The report includes directly reported metrics such as amount collected and amount billed as well as calculated metrics such as “collected to claims ratio” and “claims per disposition or visit”

Types of Data in the Collections Summary Report

Detailed MTF-level data

Total Collections metric QC by DMIS ID

Service	dmis_id	dmis_name	facility_type	Total OP Collections In CY by DMIS ID					
				FY2009	FY2010	FY2011	FY2012	FY2013	FY2014
Air Force	0004	Maxwell AFB (42nd Medical Group)	C	$219,861.29	$517,211.95	$310,855.31	$772,348.29	$465,508.52	$662,330.67
Air Force	0006	Elmendorf AFB (3rd Medical group)	H	$1,770,991.54	$2,065,325.12	$2,036,008.76	$1,098,778.24	$1,286,185.39	$1,043,419.30
Air Force	0009	Luke AFB (56th Medical Group)	C	$365,579.93	$476,622.51	$355,481.98	$254,704.72	$244,944.89	$211,702.00
Air Force	0010	Davis Monthan AFB (355th Medical Group)	C	$122,243.94	$162,999.79	$136,177.20	$114,443.23	$88,202.98	$98,521.43
Air Force	0013	Little Rock AFB (314th Medical Group)	C	$291,576.47	$372,358.35	$320,508.84	$201,786.61	$156,126.93	$130,131.91

Service and NCR MD-level summary data

Collections Summary
1st Quarter

	Inpatient Collections		Outpatient Collections		Total Collections	
Service	FY2013	FY2014	FY2013	FY2014	FY2013	FY2014
Army	$ 5.1	$ 3.7	$ 11.3	$ 8.4	$ 16.4	$ 12.1
Navy	$ 1.9	$ 1.7	$ 2.6	$ 2.8	$ 6.2	$ 4.2
Air Force	$ 0.8	$ 0.9	$ 13.2	$ 10.7	$ 14.0	$ 11.6
NCR MD	$ 1.1	$ 0.9	$ 5.1	$ 3.3	$ 4.5	$ 4.5
Total	**$ 8.9**	**$ 7.2**	**$ 32.2**	**$ 25.2**	**$ 41.1**	**$ 32.4**

Data as of 2/01/2014
Note: Collections = CFY + PY1 + PY2

All Measures Report

- The All Measures Report includes all of the detailed metrics data that is reported at the MTF level throughout the MHS
- If there is a data element that is not included in the Collections Summary, you can look it up in the Raw Data Table of the All Measures Report
- The Raw Data Table includes all metrics reported for each MTF on one line
- Service/NCR MD level summary data can be filtered and manipulated using Excel® Pivot Tables

Types of Data in the All Measures Report

Detailed MTF-level data

DMIS_ID	DMIS_Name	Region	Service	Fiscal_Year	Patient_Type	Number_Dispositions	Number_Claims	Number_Collections	Total_Billed	To
0003	Ft. Rucker (Lyster Army Health Clinic)	Southern Regional Medical Command (SRMC)	Army	1200000	Inpatient	37	5	4	79139.93	
0004	Maxwell AFB (42nd Medical Group)	AETC	Air Force	1200000	Inpatient	0	0	0	0	
0005	Ft. Wainwright (Bassett Army Community Hospital)	Western Regional Medical Command (WRMC)	Army	1200000	Inpatient	302	6	0	34464.41	
0006	Elmendorf AFB (3rd Medical group)	Pacific	Air Force	1200000	Inpatient	635	26	4	123528.23	
0009	Luke AFB (56th Medical Group)	AETC	Air Force	1200000	Inpatient	377	5	1	29120.99	
0014	Travis AFB (60th Medical Group)	AMC	Air Force	1200000	Inpatient	1158	147	16	1474621.58	
0018	Vandenberg AFB (30th Medical Group)	AFSPC	Air Force	1200000	Inpatient	0	0	0	0	
0024	NH Camp Pendelton	Navy Medicine West	Navy	1200000	Inpatient	1158	22	4	130569.43	
0028	NH Lemoore	Navy Medicine West	Navy	1200000	Inpatient	147	2	2	12891.33	
0029	NMC San Diego	Navy Medicine West	Navy	1200000	Inpatient	4081	100	2	1479043.66	
0030	NH 29 Palms	Navy Medicine West	Navy	1200000	Inpatient	319	0	0	0	
0032	Ft. Carson (Evans Army Community Hospital)	Western Regional Medical Command (WRMC)	Army	1200000	Inpatient	908	14	0	130894.88	
0033	USAF Academy (10th Medical Group)	AFA	Air Force	1200000	Inpatient	272	65	0	464688.18	

Service and NCR MD-level Pivot Table data

Service	Air Force
Region	AFDW
DMIS Name	(All)

Patient Type	Data	FY10, 3rd Q	FY11, 3rd Q	FY12, 3rd Q	FY13, 3rd Q	FY13, 4th Q	FY14, 1st Q
Outpatient	Number of Dispositions CFY	11,354	11,432	11,494	13,001	19,992	4,998
	Number of Claims CFY	2,891	3,120	3,694	4,107	5,528	849
	Claims Per Disposition CFY	25%	27%	32%	32%	28%	17%
	Number of Collections CFY	991	1,182	1,343	1,389	2,202	192
	Avg Collection per Claim CFY	$ 86	$ 68	$ 76	$ 73	$ 72	$ 37
	Amount Collected CFY	$ 84,920	$ 80,418	$ 101,397	$ 100,880	$ 157,461	$ 7,091
	Amount Billed CFY	$ 260,621	$ 231,532	$ 281,467	$ 306,511	$ 416,326	$ 55,219
	Collected to Billed Ratio CFY	33%	35%	36%	33%	38%	13%
	Amount Collected CFY for AFY	$ 179,049	$ 156,765	$ 161,708	$ 148,095	$ 205,663	$ 34,300
	Amount Collected AFY	$476,109	$475,882	$468,876	$460,090	$517,658	$397,256
	Amount Billed CFY-PY2	$ 1,278,263	$ 1,189,867	$ 1,073,432	$ 1,060,262	$ 1,170,676	$ 950,918
	Collected to Billed Ratio CFY-PY2	37%	40%	44%	43%	44%	42%
	Closed Claims CFY	$ 63,592	$ 87,364	$ 89,562	$ 103,667	$ 171,606	$ 8,313
	Closed to Billed Ratio CFY	24%	38%	32%	34%	41%	15%
	Closed Claims CFY-PY2	$ 627,815	$ 620,423	$ 496,775	$ 456,644	$ 530,251	$ 429,338
	Closed to Billed CFY-PY2	49%	52%	46%	43%	45%	45%

The Future of UBO Metrics Report

- UBO Metrics Report data is used for monitoring performance, tracking trends over time, and setting TPCP goals
- DHA UBO and the Service and NCR MD Program Managers understand that some of the metrics are impacted by factors outside of the control of UBO offices and are seeking to identify additional or alternative measurable metrics that better reflect performance
- As the ABACUS system is implemented, the UBO will continue to report the same Metrics data and seek additional relevant measures
- FY14 goals are not being published, but there is an effort underway to update the methodology for TPCP goal setting in the future
- The Services and NCR MD are also examining ways to load DD2570 data directly onto the UBO Metrics Report website via ABACUS without any manual data entry

Questions?

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